## **UNIVERSAL FACE SHEET**

Tracking #								
Originating Agency								
Original								
Update								

	Applicant or Caretaker's Name (First, Middle, Last)									Applicant/Caretaker Relationship to Children				
Ī	What service(s) would you like to receive?													
ŀ	Adult											Nath Data		
	Socia	ai Security Numbe	Security Number  Marital Status (check one)   Married   Widowed   Divorced   Separated (Date)									Sex Female		Birth Date:
ı	Empl	byment Status ☐ Full Time ☐ Part Time ☐ Blind ☐ Deaf ☐ Physically Disabled							oled		Pregnant ☐ Yes ☐	No	Served	in the U.S. Military
		· •		☐ Hours per week:		☐ Date of Disability: _					Due Date:			□ No
	Hom	e Address (Numb	er and St	treet)					City					Zip Code
ŀ	Mailir	ng Address (If diffe	City								Zip Code			
ار	(Area	Code) Home Pho	one	(Area Code) Work Phor	ne	(Area Code) Message Phone			Person with whom to leave a message: Email Add			Email Address:		
訠	Ethni	ic Group (Check a	ll that ap	plv) 🗆 Alaskan Native	□ Am	erican Indian	menian	□ Asia	an Indiar	n 🗆	Black/African America	l an □ Cambod	an 🗆 (	Chinese □ Filipino
⋖∣	Ethnic Group (Check all that apply)													
Ś			ic Islande	er (Specify):										
띪		her (Specify):		<b>-</b>										
EMBE	Prima	, , ,		an □ Cambodian □ Ca Specify):	antone:	se □ English □ K 	orean E	J Man	darin 🗆	I Spa	nish 🗆 Vietnamese			
	2	Chause/Other Derent /First Middle Leet)								Relat	ionship to Children			
≥														
⊒ା	Socia	al Security Numbe	r			al Status (check one) lowed □ Divorced □				arried	☐ Living Together	Sex  ☐ Male ☐ Fen		Sirth Date:
	Empl	loyment Status	1 Full Time	Part Time	L Wid	□ Blind □ Deaf □					Pregnant ☐ Yes ☐			in the U.S. Military
긔	•	•		☐ Hours per week:		☐ Date of Disability: _	, ,	,		Due Date:			☐ Yes	•
ı	Hom	e Address (Numb	er and St	treet)				City		Zip Code				Zip Code
ı	MailieM	ng Address (If diffe	arent fron	m above)				City		Zip Code				
	iviaiii	ng Address (ii diiik	STOTIL ITOTI	n above,				Oity		2.19 0000				
	(Area	Code) Home Pho	one	(Area Code) Work Phor	ne	(Area Code) Mess	sage Pho	ne	Person wi	n with whom to leave a message: Email Address:				
ŀ	Ethni	ic Group (Check a	II that ap	ply)   Alaskan Native	□ Am	erican Indian	menian	☐ Asia	an Indiar	n 🗆	Black/African America	l an □ Cambod	an 🗆 (	Chinese
	□ Gu	uamanian □ Hisp	anic/Lati	ino □ Japanese □ Ko	rean [	□ Laotian □ Native	e Hawaiia	n 🗆	Samoan	□ \	/ietnamese ☐ White			·
	□ Ot	her Asian or Pacif	ic Islande	er (Specify):										
ı		her (Specify):					_							
	Prima		Armenia Other (S	an □ Cambodian □ Ca Specify):	antones	se ⊔ English □ K	orean E	ı Man	aarın 🗆	i Spa	nisn 🛚 Vietnamese			
				ILDREN HERE	(F	amily Memb	oers (	)nlv	ı. Lis	t O	ther People	on Ouest	ion 6	
<u> </u>	^	Child's Name (Fir			ν.			)			ionship to Applicant			,
	3													
죍	Socia	al Security Numbe	r	In School		Sex ☐ Male ☐ Female	Birth Da	ite:			☐ Blind ☐ Deaf ☐ Phy Date of Disability:	, ,	•	
≣ŀ	Fathe	er's Name			: D	eceased 🗆 Incapac	vale □ Female   eased □ Incapacitated Mo				,		Due Date:  ☐ Deceased ☐ Incapacitated	
ناً			Ethn! - O	Croup (Chask all the -t -		bsent Unempl	loyed				n O Asian Indiana T	Plack/Afr! ^	□ Abs	
<u>ک</u> ا	Child living in Home    Sthnic Group (Check all that apply)   Alaskan Native   American Indian   Armenian   Asian Indian   Black/African American   Camerican Indian   Camerican Indian   Asian Indian   Black/African American   Camerican Indian   Camerica													
넩	Л	Child's Name (First, Middle, Last)  □ Other Asian or Pacific Islander (Specify):						[1	Relationship to Applicant					
EMBE	4 Socia						٦.			D				
Ĭ	JULIO	ar Security Number	'	In School  Yes  M		iex Birth Date:  1 Male				□ Blind □ Deaf □ Physically Disabled Pregnant □ Yes □ Date of Disability: Due Date:				
∐ֱ	Fathe	er's Name		Is Father:		leceased   Incapac lbsent   Unemp		/lother	r's Name			Is Mother:	□ Dec	eased Incapacitated ent Incapacitated
ĕ		I living in Home		Group (Check all that appese ☐ Filipino ☐ Guam										
ᆁ	☐ Yes ☐ No ☐ Chinese ☐ Filipino ☐ Guamanian ☐ Hispanic/Latino ☐ Japanese ☐ Korean ☐ Laotian ☐ Native Hawaiian ☐ Samoan ☐ Vietnamese ☐ White ☐ Other Asian or Pacific Islander (Specify): ☐ Other (Specify):													

Ŀ	5 Child's Name (First, Middle,			Last)			Relationship to Applicant				
CHILDREN CONT	Social Security Number		"	n School ☐ Yes ☐ No	Sex □ Male □ Female	Birth Date:		☐ Physically Disabled	Pregnant ☐ Yes ☐ No Due Date:		
.DREN	Fathe	er's Name		Is Father:	☐ Deceased ☐ Incapac ☐ Absent ☐ Unemp		3				
CHII	Child living in Home   Sthnic Group (Check all that apply)   Alaskan Native   American Indian   Armenian   Asian Indian   Black/African American   Cambodian   Chinese   Filipino   Guamanian   Hispanic/Latino   Japanese   Korean   Laotian   Native Hawaiian   Samoan   Vietnamese   White   Other Asian or Pacific Islander (Specify):   Other (Specify):										
SS //E	Is there anyone living in your home that you did not list? If yes, list name and relationship:										
OTHERS IN HOME	Name Relationship										
_	Name Relationship  Is anyone currently covered by health/dental insurance or Medi-Cal?										
TH	/ □ Yes □ No Who Pays Monthly Amount										
HEALTH INSURANCE	List N	List Name(s)									
	List N	Name of Insurance									
AL ION	8	Additional Infor	mation:								
ADDITIONAL INFORMATION											
ADD INFO											
	Do you or any family member have a physical or emotional problem which makes it difficult to work or take care of personal needs?										
	If yes, list name(s)										
VICES	Are you currently receiving any health or social services?										
OTHER SERVICES	10	10 Yes No, If yes, please list:									
OTHE	<u> </u>	Do you want to talk to a worker about other services which may be available to you?									
	11	11 S No If yes, briefly describe:									
	CERTIFICATION										
	I understand that it is important to provide information on this Universal Face Sheet and any of its supplemental form(s) that is true and correct, and I have done so to the best of my abilities. If any										
NO	in	nformation	ı is not c	correct, I unders	tand that it ma	ny affect my ak	oility to rece	eive services.			
SATI	Signature of Applicant/Beneficiary						Date				
ERTIFICATION	Signature of Person Helping Applicant Fill Out the Form  Date										
CER	Phon	ne Number		Relationship to Applica	ant/Beneficiary						
	Signature of Interpreter Date										
	Phon	ne Number		Relationship to Applica	ant/Beneficiary						
	_										
<u>ب</u>	Fc	or the pur	poses c	of receiving ser		WAIVER permission to	share this	information	with other service		
WAIVER	For the purposes of receiving services, I give permission to share this information with other service providers.										
>	Sigr	nature of Applica	 ant				Date				
	ı ĭ	• • •									